

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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|----------------------------------|---|------------------------------------|
| Applicant: MARTIN A. VOET |) | Examiner: C-H. MIN (parent appl) |
| |) | |
| Serial No.: Pending |) | Group Art Unit: 1653 (parent appl) |
| |) | |
| Filed: Herewith |) | |
| |) | |
| For: BOTULINUM TOXIN THERAPY FOR |) | |
| FIBROMYALGIA |) | Irvine, California |
| |) | |

22387 U.S. PTO
10/666408
09/18/03

NON-PROVISIONAL PATENT APPLICATION TRANSMITTAL LETTER

Mail Stop: Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


Sir/Madam:

Enclosed herewith are the following documents:

- (x) Transmittal Letter – 4 pgs
- (x) Specification (34 pages) 14 Claims (2 pages); Abstract (1 page)
- (x) Drawings (4 sheets)
- (x) Declaration/Power of Attorney
- (x) Assignment w/ Cover sheet
- (x) Copies of the Information Disclosure Statement PTO-1449 Forms from the previously submitted parent application serial no. 09/954,610
- (x) Return/postage paid Postcard
- (x) Express Mail Certificate No. EV295682395US

This application is a continuation-in-part of U.S. patent application serial no. 09/954,610, filed September 17, 2001.

Dated: September 18, 2003


Stephen Donovan
Registration No. 33,433

CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10

I hereby certify that this Transmittal Letter and above-identified documents are being deposited with the United States Postal Service on **September 18, 2003** in an envelope as "Express Mail Post Office To Addressee" mailing label number EV295682395US with sufficient postage for Express Mail addressed to Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Susan Bartholomew
Name of person mailing paper

Date: September 18, 2003


Signature of person mailing paper

NEW APPLICATION TRANSMITTAL FORM

To the Commissioner for Patents:

This is a Request for filing a NON-PROVISIONAL patent application under 37 CFR 1.53(b) entitled **BOTULINUM TOXIN THERAPY FOR FIBROMYALGIA** by the following named inventor:

| | | | | | |
|---|---------------------------|---|---|---------------------------------|--------------------|
| 1 | Full Name of Inventor | Last Name: VOET | First Name: MARTIN | Middle Name: A. | |
| | Residence and Citizenship | City SAN JUAN CAPISTRANO | State or Foreign Country: CALIFORNIA | Citizenship U.S.A. | |
| | Post Office Address | Post Office Address: 28451 Avenida la Mancha | City: San Juan Capistrano | State or Country: California | Zip Code: 92660 |
| 2 | Full Name of Inventor | Last Name: | First Name: | Middle Name: | |
| | Residence and Citizenship | City: | State or Foreign Country: | Country Of Citizenship: | |
| | Post Office Address | Post Office Address: | City: | State or Country: | Zip Code: |
| 3 | Full Name of Inventor | Last Name: | First Name: | Middle Name: | |
| | Residence and Citizenship | City: | State or Foreign Country: | Country Of Citizenship: | |
| | Post Office Address | Post Office Address: | City: | State or Country: | Zip Code: |

(X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.

(X) Enclosed is a specification of 34 pages, 14 claims (2 pages) and an abstract (1 page).

(X) Oath or Declaration

(X) Enclosed is a fully executed oath or declaration.

() Enclosed is an unsigned oath or declaration.

(X) A self-addressed return postcard is enclosed for verification of receipt.

(X) The filing fee is calculated below:

| FOR | NUMBER FILED | NUMBER EXTRA | RATE | FEE |
|---|-----------------|-----------------|------------|-----------------|
| Basic Fee (Large entity) | | | \$750.00 | \$750.00 |
| Total Claims | 14 minus 20 = | -0- | \$18.00 | \$0.00 |
| Independent Claims | 3 minus 3 = | -0- | \$84.00 | \$0.00 |
| If application contains any multiple dependent claims, then add | | | \$280.00\$ | \$0.00 |
| TOTAL FILING FEE | | | | \$750.00 |

(X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.

(X) An Assignment with the Recordation Cover Sheet, bestowing all interest in this application to Allergan, Inc., is enclosed.

(X) New drawings are enclosed in 4 sheets.

() A Statement Pursuant to 37 CFR §1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.

() A Statement Pursuant to 37 CFR §1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.

() A properly labeled computer readable form of the Sequence Listing accompanies this Application.

(X) The Power of Attorney in this application is to Stephen Donovan, Registration Number 33,433.

(X) The Power of Attorney appears in the combined Declaration and Power of Attorney, filed herewith.

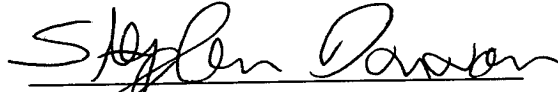
() A copy of the Request for Extension of Time filed in the prior application is enclosed.

Please address all future communications to:

STEPHEN DONOVAN
Registration No. 33,433
ALLERGAN, INC.
2525 Dupont Drive, T2-7H
Irvine, CA 92612
Tel: 714-246-4026
Fax: 714-246-4249

Respectfully submitted,

Date: September 18, 2003



Stephen Donovan
Registration No. 33,433
Attorney of Record